

HOWISON & ARNOTT, L.L.P.

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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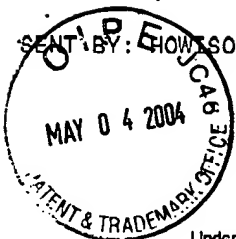
DATE: May 4, 2004
TO: Examiner Paul H. Kang (2141)
COMPANY: U. S. Patent Office
FAX NUMBER: Centralized Fax: (703) 872-9306
FROM: Howison & Arnott, L.L.P. (Gregory M. Howison)
OUR FILE : PHL-24,583
SERIAL NO.: 09/496,222
ATTACHED: Trans. Form (1); Fee Trans (1); Pet. For Extension (1); Terminal Disclaimer (1); Credit Card Form (1).

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PTO/SR/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/496,222
	Filing Date	February 1, 2000
	First Named Inventor	Philyaw et al.
	Art Unit	2142
	Examiner Name	Paul H. Kang
Total Number of Pages in This Submission	Attorney Docket Number	PHLY-24,583

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Howison & Arnott, L.L.P. Gregory M. Howison Reg. No. 30,646
Signature	
Date	5/4/04

CERTIFICATE OF TRANSMISSION/MAILING	
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Date	5/4/04

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PTO/SB/17 (05-03)

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**265.00****Complete if Known**

Application Number	09/496,222
Filing Date	February 1, 2000
First Named Inventor	Philyaw et al
Examiner Name	Paul H. Kang
Art Unit	2142
Attorney Docket No.	PHLY-24,583

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None**Deposit Account:**Deposit Account Number
20-0780/PHLY-24,583Deposit Account Name
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The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)**-0-****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**-0-**

**or number previously paid, if greater; For Reissue-see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 65	Non-English specification	
1812 2,520	2812 1,260	For filing a request for ex parte reexamination	
1804 920*	2804 460*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	2805 920*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	210.00
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	2451 755	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 830	2503 415	Plant issue fee	
1460 130	2460 65	Petitions to the Commissioner	
1807 50	2807 25	Processing fee under 37 CFR 1.17(q)	
1808 180	2808 90	Submission of Information Disclosure Stmt.	
8021 40	28021 20	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(e))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	2802 450	Request for expedited examination of a design application	
		Other fee (specify) Statutory Disclaimer	55.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**265.00****SUBMITTED BY**Name (Print/Type) **Gregon Howison**Registration No. (Attorney/Agent) **30,646**

(Complete if applicable)

Telephone **972-479-0462**

Signature

Date

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